

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/22/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

1 lumbar facet block at the right L4/L5 and L5/S1 under Fluoroscopy with anesthesia

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported a date of injury on XX/XX/XX after lifting a XX to put into a XX, feeling back pain. The patient was active in physical therapy. In an MRI of the lumbar spine dated XX/XX/XX, there was central disc protrusion at L5-S1 with protruding disc abutting the exiting nerve root on the right side at the level of the foramen without evidence of nerve root impingement. There was no central canal stenosis. In the XX/XX/XX office visit note the patient complained of low back pain that does not radiate. The patient reported a pain of 4-6/10. At worst rated as a 7-9/10 and at best a 0-3/10. It was noted that there were no significant changes in the physical exam since the last visit. In the XX/XX/XX office visit note, the patient complained of pain in the low back that did not radiate. On physical examination, there were intact deep tendon reflexes in the lower extremities. There was good toe and heel walking. There was facet pain on spine rotation/extension/flexion and palpation in the lumbar region. There was pain in the lumbar facets on the right at the L5/S1 and L4/5.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient complained of low back pain and physical exam revealed intact deep tendon reflexes in the lower extremities. There was good toe and heel walking. There was facet pain on spine rotation/extension/flexion and palpation in the lumbar region. There was pain in the lumbar facets on the right at the L5/S1 and L4/5. The patient had participated in physical therapy. In an MRI of the lumbar spine dated XX/XX/XX, there was central disc protrusion at L5-S1 with protruding disc abutting the exiting nerve root on the right side at the level of the foramen without evidence of nerve root impingement. There was no central canal stenosis. The Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The criteria for the use of diagnostic blocks for facet "mediated" pain state they are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There needs to be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the

procedure for at least 4-6 weeks. The documentation provided for review does indicate the patient had participated in physical therapy. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The documentation provided for review does indicate the patient has a degree of anxiety about needles. Although the previous denial was not supportive of the request due to the denial for the request for anesthesia, it is understood that the patient has needle anxiety. The patient meets the requirements for the requested procedure and does have anxiety of needles. As such, the request is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)